FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate word "pending" in pending them, 18. Give Pages 1, 2, and 3 to the funery rector. Page 4 should be fared to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State and of Health, are its designated agent, prior to berial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

PLACE OF DEATH	Caroline	MARYLAND	2. USUAL RESIDENCE o. STATE		sed lived. If institution b. COUNTY		roline	
b. CITY OR TOWN (I	foutside corporate fimits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		porate limits, write			
Federals	sburg	25 yrs.		same	leader that		05.1	
	ral or institution (if not in	d. STREET ADDRESS Sam		e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	James F. C	oubourne II	Lost	4. DATE OF DEATH	Nov. I7		Doy 66	Year 19
5. SEX male		ARRIED NEVER MARRIED 8.		I964	9. AGE (In years lost by the day) 22 yrs.		YEAR IF UN Days Hours	
10a. USUAL OCCUPATI during most of working NONE	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN C					T COUNTRY		
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
James	F. Coubour	ne Jr.	Sharon	Reyno	lds			
15. WAS DECEASED EV	(If yes, give wor or dates of service)		ames F. C	oubou	rne Fed	eral	sburg	. Md.
	TH [Enter only one couse per	line for (a) (b) and (c)]					INTERVAL BETY	

5. SEX		TOUR OUT IN THE			1.00			
D. 2EX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		174 A.	9. AGE (In years last by the day)	IF UNDER TY		-
male	white w	DOWED DIVORCED	June 2	4,1964	22 yrs.	Months Da	ys Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work dane	106. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE	E (State or foreign o	country)	12. CITIZES	N OF WHAT	COUNTRY
during most of work	ing life, even if retired)	none	Men	yland		TI.	S.A.	
	9	попе				0.	D.11.	
13. FATHER'S NAME			14. MOTHER'S MA					
Jame	s F. Coubou	rne Jr.	Sharo	n Reyno.	lds			
	VER IN U. S. ARMED FORCES		7. INFORMANT		Address			
no	(ii yes, give wor or ourer or service	none	James F.	Coubou	rne Fe	derals	burg,	Md.
TIR CAUSE OF DE	ATH [Enter only one couse p	per line (ar (a), (b), and (c),]					INTERVAL BETW	EFN
	DESCRIPTION OF STREET	and the state of t	. S+		Total C		ONSET AND DE	
-	IMMEDIATE CAUSE (0)	Suffication by	- trangu	lation			20mi	nutes
725	7 DUE TO							
Canditions, if								
gave rise to imm	ALLE TO							
couse lost.	(c)							
PART II. OT		ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	E TERMINAL DISEAS	E CONDITION GIV	EN IN PART I	a) 19. WAS	AUTOPSY
PART II. OT							PERFC	PRMED?
	LICE WAS TON T	FEEDVER 11-111 IN THE OCCUPANT					YES [но 🗌
PRIMARY OF CO	DNI KIRUTING L	ESCRIBE HOW INJURY OCCURREN						
	. Pat	ight Chin and	head betw	veen bar	s of th	re rac	ck	
20c. TIME OF INJU	URY Month, Day, Year	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Hon factory, street, office blo	ne, farm, 20f. (Cit	y or town)	(County	•)	(State)
Hour o.m		- LALINIE 1401 WHILE - 1			analahu	na Car	2071 2	a Mr a
		the remoins described o						d in my
					. —		-	d in my
opinion deoth	resulted from: Nat	urol causes . Accider	nt K., Suicide	, Homicide	Undete	rmined mo	nner	
2	1 13						DATE	SIGNED
SIGNATURE	140c ()	to men	M.D. CHIEF MED	ICAL EXAMINER)		DAIL	NOMED
7		amo	ASSISTANT	MEDICAL EXAMINE	ER 🗍			
EXAMINER'S NAME (Type)	Harold B.P1	Lummer M.D.	DEPUTY ME	DICAL EXAMINER	*		11.1	9/66
20. BURIAL CREMATI	ON. 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(Stat	
burial		Hillcrest	Com				,	
3. FUNERAL DIRECTO	II/20/66	ADDRESS		o. REC'D BY REGIST	eralsbu:	STRAN'S SIGNA		
The Division		Th- 3 2 3		G. REC D 61 REGIS		Mline	as Que	Lee

lederalsburg. NOV 2 3 1966 4) Meromer

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY b. COUNTY Maryland Caroline Caroline MARYLAND b. CITY OR TOWN (If outside corporate limits c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 write RURAL ond give pearest town) 13 Greensboro vrs e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS pope, None None YES NO IX Ę 3. NAME OF Middle First 4 DATE Month Lost Year DECEASED OF DEATH 11-24-66 Louis M. Geller (Type or print) 19 event. S. SEX 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost by thday) Dovs Hours Male Cau. and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Bus Driver INDUSTRY COUNTRYS . A. Transportation Russia 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME removal Fannie Arthur Geller 15. WAS DECEASED EVER IN U.S. ARMED FORCE S? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 10 092-07 Geller Greensboro, Md. Emma cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Disease with old IMMEDIATE CAUSE (o) Pulmonary Infarction DUF TO burial, Conditions, if ony, which gove Arteriosclerotic Cardiovasculer Dis. rise to immediate couse (a), DHE TO stoting the underlying couse as the lost. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION be detached for use State Dept. of Health YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS LINDERLYING [OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER CAI (City or town) (Stote) 20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) WED Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (1) (this haspital) attended the deceased from Nov. 2 . 1965 to Nov. 24 . 19 66thot (1) (we) last 3 should with the Nov. 24 1966, and that death accurred at____ M, from couses and on the date stated above. saw the deceased alive on 220/ SIGNATURE 22b. DATE SIGNED **ATTENDING** Nov. 26 '66 M.D. DIRECTOR PHYS. filed PHYS. director, poge should be filed 22d. ADDRESS 22c/ PHYSICIAN'S Charles Stonesifer, M.D NAME (Type) H. Greensboro, Md. 21639 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) Burial (Specify) Greensboro Greensboro ADDRESS 25b. REGISTRAR'S SIGNATURE FUNERAD DIRECTOR 2So REC'D BY REGISTRAR harley

24 hours after deoth be executed within Rote O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or ottending physician. the signed by the burial-tronsit p been After this FUNERAL DIRECTOR:

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Pog

ond completely fi remove carbon

please ig physician of Then please

offending

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certificote

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TATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, 4 institution: Residence before edinission) director. Page or your files. e. COUNTY b. COUNTY of MARYLAND Department death. b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL end give neerest town) write RURAL and pive-nearest los 511 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? h the State hours after YES NO D eath. If any I 3 to the fu 3. NAME OF First Middle DATE Month Day Year DECEASED OF (Type or print) DEATH 19 EXAMINER: This certificate should be executed within 24 hours after death. aste, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to be the Chief Medical Examiner's Office along with form PM3. Page 5 may be pite. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the pages 1 6. COLOR OR RACE 7. MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. DATE OF NEVER MARRIED (avoinhday) Months Days Hours Min. WIDOWED DIVORCED IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of washing life, even if retired) in any event 13. FATHER'S NAME ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (If yes give we ror detes of service) and CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Ventrigular Failure econds DUE TO 0 congestive Cardiac yrs Conditions, il any, which cremation, gave rise to immediate cause DUE TO (e), steting the underlying (c) Generalized 20yrs erioslerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? please execute Certificate, writing the word 4 should be forwarded to the Chief Medical E O FUNERAL DIRECTOR: Page 3 should be Health or its designated agent, prior to burial. YES none 200. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enler neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year (Stele) lectory, street, office bldg., etc.) While No! While et work et work 19 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion CAL Undetermined manner Natural causes Suicide Homicide death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUA DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Harold .Plummer NAME (Type) Address (Street, city, town, or county) 22d. AOCATION (City, lown, or country) 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Slete) REMQYAL (Specify) 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62

FOR STATE HEALTH DEPT.

PM3. Page

with the State Department of witnin 72/hours ofter death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 Health or its designated agent, prior to buriol, cremotion, or removal, and in ony event

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15443

I. PLACE OF DEATH				USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) O. STATE D. COUNTY						
	Caroline	LAND	Florida Manatee							
b. CITY OR TOWN	N (If outside corporate limit and give nearest tawn)	s,	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (If		nits, write RU	RAL and give	neorest to	own)
Feder	alsburg		DOA			Palmetto			4	8-3
	SPITAL OR INSTITUTION (If no		ive street oddress)		d. STREET ADDRESS					S RESIDENCE ON A FARM?
	oomingdale A	venue							YES	□ NO 🔻
3. NAME OF DECEASED (Type or print)		nest	Middle	Sco	Lost	4. DATE OF DEATH	Nov	ember	Doy 2	Year 19 66
S. SEX Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		ec. 31, 19	30 05	(In years t birthdoy) +6 yrs.	Months		UNDER 24 HRS. laurs Min.
10a, USUAL OCCUPAT during most of work	TION (Give kind of work done ing life, even if retired)	10b. KII	ND OF BUSINESS OR DUSIRY		11. BIRTHPLACE (Sto				IZEN OF WI	НАТ
13. FATHER'S NAME			raim		Lamont,			1	SA	
	1 Scott						natan			
	EVER IN U.S. ARMED FORCES?	16.5	SOCIAL SECURITY NO.	17 10	FORMANT	Rosa Washi	Addre	200		
(Yes, no, or unknown	(If yes give wor or dates o	of service)	nknown		mie Highto	wer, Palm	7,000.		da	
18. CAUSE OF PART I. D	DEATH (Enter only one cou DEATH WAS CAUSED BY: IMMEDIATE CAUSE	Ann	(o), (b), ond (c).) ate Coron	ary	Occlusio	n				AL BETWEEN AND DEATH
	DUE ony, which gove)	(b) Cor	conary Ar	tery	Scleros	si s			?/y	ears
	derlying couse (o), DUE	TO	relized	Art	terioscle	rosis			1yr	8
PART II. OTHER	SIGNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	TED TO TH	HE TERMINAL DISEASE C	ONDITION GIVEN IN	PART 1(o)		19. WA	S AUTOPSY RFORMED?
CALISE OF DEATI	CONTRIBUTING	20b. DES	SCRIBE HOW INJURY OCC	CURRED. (I	Enter noture of injury i	n Port I or Port II of	item 18.)			
Hour	INJURY Month, Doy, Yeor o.m. p.m. 19	20d IN While at work	Not While		E OF INJURY (Home, for ry, street, office bldg., et		or town)	(Cou	nty)	(Stote)
21. I cert	tify that I took charge	e af the rem	ains described abo	ave, hele	d on Autopsy	, Inspection §	, Inqu	iry 🙀	ond in	my apinian
deoth res	ulted from: Ngturo	Louses X	Accident [],	Suicio	de 🔲, Homicio	le, Undet	ermined m	anner 🗌		
ACTUAL	1	2/			CHIEF MEDICA	AL EXAMINER			-	
SIGNATURE	1 cevery X	Ne	numer		_ M.D.	EDICAL EXAMINER				DATE SIGNED
EXAMINER'S NAME (Type)	Harold B.I	Plumme	r M.D.			ICAL EXAMINER () set, city, town, or co	C unty)		11/	6/66
230. BURIAL, CREMA	ATION, 23b. DATE THE	REOF	23c. NAME OF CEMET	ERY OR C	REMATORY	23d. LOCATIO	N (City or To	vn) (County)	(Stote)
REMOVAL (Spec			Memphis	Ceme	tery		etto,	Florid	la	
Framptom	Funeral Hom	e I	Federalsbur		250. RE	NOV 1 0	1966 RE	GISTRAR'S SI	CHATURE (udge

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MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATIS	TICAL RESEAR	CH AND RECORDS,	301 W. PRESTON STI	REET, BALTIM	ORE, MARYL	AND 21201	
254	444		CERTIFICA	TE OF DEATH			- 1	5444
o. COUNTY	Caroline		MARYLAND	2. USUAL RESIDENCE a. STATE Mai	(Where deceosed	lived, if institut b. COUI	NTY	efore admission)
b. CITY OR Write PURITED	Tawn (If outside corporate limit IRAL and give nearest town) Henderson	s,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If		limits, write RUI Hender		05-1
d. NAME OF	HOSPITAL OR INSTITUTION (If no None	ot in hospital, giv	e street address)	d. STREET ADDRESS	None			e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or pri	(That	rles S	Middle eals	Lost	4. DATE OF DEATH	Mont 11-2	2-66	Doy Year 19
s. sex Male	6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH April 15		AGE (In years last hirthday) yrs.	Months Day	ys Haurs Min.
during most of v	UPATION (Give kind af wark dane working life, even if retired) borer	10b. KIND INDU	o of business or ustry None	11. BIRTHPLACE (Coun		gn country)	12. CITIZEN COUNTR	OF WHAT
	ames Seals			14. MOTHER'S MAIDER Carr:	NAME ie Wall	rer		15.5
IS. WAS DECEA	ASED EVER IN U.S. ARMED FORCES? (nawn) (If yes give war or dates o	of service) 16. SO		Eva Hutch:	ins (Addre		d.
Conditions	E OF DEATH (Enter only one count in DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE s, if ony, which gave mediate cause (a), e underlying cause DUE	(a) TO (b) A1		ronary Dis		e		INTERVAL BETWEEN ONSET AND DEATH
20o. ACCID OR CONTRI	THER SIGNIFICANT CONDITIONS C Prostatic Pent Was underlying BUTTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	Hyper	DEATH BUT NOT RELATED T Lrophy wit RIBE HOW INJURY OCCURRE	n Urinary	Retent	ion		19. WAS AUTOPSY PERFORMED? YES NO
	OF INJURY Month, Day, Yeor dour a.m. p.m. 19	20d. INJU While at wark	Nat While	PLACE OF INJURY (Hame, fa actory, street, office bldg., et	(c.)	City or town)	· (County)	,,
220 SION 220 PHY NAM	I certify that (I) (this hose the deceased alive an ATURE SICIAN'S AE (Type)	pital) attende Nov 21	the deceased fram 1966, and the function of the contraction of the con	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR Greens	STAFF PHYS.	22b. DATES Nov.	23/66 639
23a. BURIAL, CI REMOVAL 24. FUNERAL	(Specify)		Roseville ADDRESS			TION (City or To-	,	

Greensboro, Md.

25b. REGISTRAR'S SIGNATURE
66 Acharles

1966

Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physicion. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours ofter death.

VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

OR STATE HEALTH DEPT. P.M.3. Poge

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5 may be retained for your files.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

VR A15ME

25445	M	EDICAL EXAMINER'S	CERTIFICATE C	OF DEATH	154	145	
PLACE OF DEATH O. COUNTY	Caroline	Where deceosed lived, if inst yland b. 0	itution: Residence OUNTY Ca	before odmission)		
b. CITY OR TOWN (If au	tside corporate limits,	c. LENGTH OF STAY IN 16 28 Yrs.	Rural R	utside corporote limits, write	RURAL ond give r	neorest town)	
d. NAME OF HOSPITAL C	None	tol, give street oddress)	d. STREET ADDRESS	None		e. IS RESIDE ON_A FAR YES N	NCE M? IO
3. NAME OF DECEASED (Type or print)	Robert First St	anley Stran	lahan	4. DATE OF 11	lonth 2	Doy Year O 19	66
	color or race 7. Marr widow		8. DATE OF BIRTH 7-11-193	9. AGE (In years) Months D	EAR IF UNDER 2 Doys Hours	Min.
100. USUAL OCCUPATION (Giver during Types of workung life	ve kind of work done 10 Ce if reparation	B. KIND OF BUSINESS OR	II. BIRTHPLACE (Stote Maryla	0 17	USAN	EN OF WHAT ITRY?	
13. FATHER'S NAME Stanley	Stranahan		14. MOTHER'S MAIDEN Katheri	ne Horny			
15. WAS DECEASED EVER IN (Yes, no or unknown) (If y	Later of the August 1990	16. SOCIAL SECURITY NO. 17. 219-36-6241	Mariam St	ranahan Ri	dgely,	Md.	
PART I. DEATH W PART I. DEATH W Conditions, if ony, wh rise to immediate co stoting the underlyin lost.	IMMEDIATE CAUSE (o) DUE TO ich gove (b) Se ivuse (o),	nternal semort		ound of abo	domen	INTERVAL BETW ONSE AND DE OMI nut	ATH CEB
PART II. OTHER SIGNIF		NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(o)		19. WAS AUTOP PERFORMED YES NO	0 X
20o. EXTERNAL CAUSE PRIMARY OF CONTRI CAUSE OF DEATH.	WAS 201	o. DESCRIBE HOW INJURY OCCURRED.				Luma	
20c. TIME OF INJURY Hour o.m.	AT9"		ACE OF INJURY (Home, forn tory, street, office bldg., etc. Home		,		ote)
	not took charge of the	Accident , Suid	eld on Autopsy, cide2{, Homicide CHIEF MEDICALM.D. ASSISTANT MED	Inspection , Tr	monner monner	ond in my or	IGNED
EXAMINER'S NAME (Type)	Harold B. H			t, city, town, or county)		/22/66	
230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF 11-23-66	Greensbord)	23d. LOCATION (City or Greensbor		ounty) (Stor	te)
24. FUNERAL DIRECTOR	Cris Stree	ADDRESS Well	NO REC'I	2 5 1966 25b	REGISTRAR'S SIG	NATURE	